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December 18, 2007

Hon. Kenneth M. Karas
United States Courthouse
300 Quarropas Street, Room 533
White Plains, NY 10601

RE: Henry Steeneck

Dear Judge Karas:

I saw Mr. Henry Steeneck today in postsurgical followup. He complains of postural headaches. It indicates that he has some headache and pain at the upper portion of the neck when he sits or stands erect. These headaches remit when he returns into a recumbent position. Typically, this complaint is associated with over-shunting. In other words, the shunt drains fluid too rapidly when he stands upright and then when the intracranial pressure is reduced by virtue of him lying flat the shunt stops draining and the headaches remit. He additionally complains of tenderness over the shunt site over the head and over the abdominal incision.

Today on his examination, he is bright, alert, and social. He has no signs of meningeal irritation. The shunt is somewhat tender over the head and abdomen, though there is no obvious evidence of infection. Interestingly, the shunt is not tender over the neck or chest. Neurologically, his gait and station are improved. He has less spasticity as he walks, though his reflexes remain hyperactive.

My concerns at this point are that the shunt is over-draining and the programmable valve which I placed at surgery needs to be adjusted. Before doing so, I need to obtain a followup CT scan of the brain. I am also concerned of the tenderness around the shunt and particularly the tenderness near the abdominal insertion site. Certainly, the possibility of infection is raised. I would like to get a CT scan of the abdomen and pelvis as well. Ultimately after these tests are performed and after routine blood tests are performed to see if there are any hematologic indicators of infection, I may need to place a shunt reservoir and sample this spinal fluid to definitively rule out infection.

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Ideally, this battery of tests and monitoring would be better served with him as an outpatient at home rather than from the prison setting. Even if the shunt is sterile and noninfected, it is still will need to be adjusted and monitored over the next few weeks until an appropriate pressure setting for Mr. Steeneck is obtained.

I certainly will try over the next day or two to be available to you to answer any questions or concerns regarding this assessment.

Sincerely,

Saran S. Rosner, M.D.

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